

# CCPOA Benefit Trust Fund

## Primary Dental Program Highlights

**EFFECTIVE:**  
01/01/2021

Non-Contracted Provider:	First Dental Health Providers:
<p><b>Calendar year maximum: \$2000/ per person</b></p> <p><b>Combined Dental &amp; Orthodontic Deductible:</b> <i>Per calendar year</i> Individual: \$50 / Family: \$150</p> <p>Deductible is waived on Preventive/Diagnostic Services Services are payable based on CCPOA allowable amount</p>	<p><b>Calendar year maximum: \$2000/per person</b></p> <p><b>Deductible: None</b></p> <p>Services are payable based on Contract Rate through First Dental Health EPO/PPO</p>

**NO PAYOR ID | NO GROUP # | Group Name: CCPOA PRIMARY DENTAL PROGRAM**  
**All claims have a 1 year filling limitation**

This is not a guarantee of payment but a summary of benefits available through the CCPOA Primary Dental Program. Benefits are subject to eligibility, terms, conditions, and limitations of the participant's dental coverage in force at the time the services are actually rendered. Certain services are subject to review.

### Preventive/Diagnostic Services 100%

**Prophy:** Three times in the calendar year (anytime)  
**Fluoride:** Unlimited for dependents 14 and under.  
**Sealants:** No age limit, on permanent unrestored posterior molars only - Once every 36 months  
**Bitewing:** Unlimited, unless done with Panographic or more than 10 PA's.  
**Panographic:** Unlimited while taken alone.  
**FMX:** Once every 36 months  
**Exams:** Unlimited. First exam of the calendar year is payable at 100%, ALL exams after will be at 90% with no deductible. (Including D9310 & D9430)  
**Space Maintainers:** Unlimited for dependents 18 and under.  
**Emergency Palliative Treatment:** Unlimited with no other treatment on the same day.

### Basic Services 90%

**Restorative Services:** Posterior Composite & Amalgam Fillings Covered - Once every 6 months per tooth  
**Endodontic Services:** Root canal Therapy  
**Periodontal Services:** Root Planning & Scaling: Once every 24 months "All four quads OK in same day"  
 Periodontal cleanings that are in conjunction with an active periodontal disease will be limited to two cleanings per year and only for the 18-month period following treatment of the periodontal disease.  
**Oral Surgery:** Extraction of teeth & minor oral surgery. (Medical does not have to be billed first)  
**General Anesthesia:** If provided in conjunction with a covered oral surgery procedure & only if determined by the Administrator to be Medically Necessary.

### Singles Crowns, Inlays, Onlays & Build-ups

**80% - PREP DATE** - Porcelain crowns placed on molars will be paid as a full cast crown.  
5-year replacement limitation

### Prosthodontic (Major) Services 50% - PREP DATE

Implants and Abutments  
 Initial preparation & installation of bridges  
 Crowns attached to a bridge  
 Initial preparation & installation of partial or complete dentures (including repairs)  
 Prior extractions are covered  
 5-year replacement limitation  
 Congenitally missing teeth are covered

### Orthodontic Services: No age limit

50% to lifetime benefit \$1,000 including adjustments & retainers (Ortho must be billed monthly or quarterly as they become due)

### Services Not Covered

TMJ  
 Occlusal guards/Night guards  
 Analgesia/Nitrous oxide  
 Arestin

### Coordination of Benefits: Standard

### Additional Information

Pre-authorization is suggested over \$300, but not Mandatory.  
 Dependant children may be covered up to age 26 regardless of student status.

**Mail all Claims to:**  
**CCPOA Benefit Trust Fund**

2515 Venture Oaks Way, Suite 200  
 Sacramento, CA 95833-4235



**We've Got You Covered.**

**1-800-In-Unit-6**

1-800-468-6486

[www.ccpoabtf.org](http://www.ccpoabtf.org)